

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Certificate from
Gregory Robinson dba First Class Motor Coach.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)
Submitted by: First Class Motor Coach, LLC

Telephone: 843-972-9024

Address: 174 Vango Dr

Fax: _____

Goose Creek, SC 29445

Other: _____

Email: fcmotorcoach@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
MAR 16 2022
PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 03/8/2022

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. First Class Motor Coach, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
174 Vango Dr
Street Address of Applicant
Goose Creek, SC 29445
Mailing Address of Applicant (if different from street address)
843-972-9024
Phone Fax
fcmotorcoach@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

2 of 6

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

First Class Motor Coach

Name of Applicant

174 Vango Dr Goose Creek, SC 29445

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 5 million

Limits 75,000/1Mil/75,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Berkshire Hathaway

Name of Insurance Company

PO Box 31145 Omaha, Nebraska 68131

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

First Class Motor Coach, LLC

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

- ☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

- ☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

- ☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

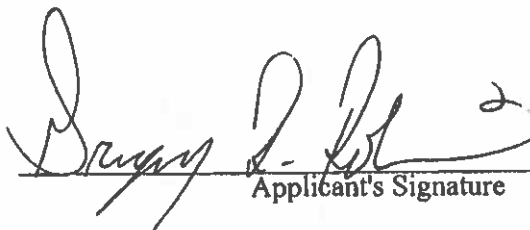
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

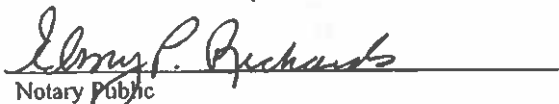

Applicant's Signature

OWNER

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Berkeley)

SWORN TO BEFORE ME
This 8th day of March, 2022


Notary Public

Commission Expires 2/21/2027

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

First Class Motor Coach, LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 14th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 14th day
of September, 2020.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 200914-1658130

Filing Date: 09/14/2020

Sep 14 2020
REFERENCE ID: 614063

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**


SECRETARY OF STATE OF SOUTH CAROLINA

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

First Class Motor Coach, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
174 Vango Drive

(Street Address)

Goose Creek, South Carolina 29445

(City, State, Zip Code)

3. The initial agent for service of process is

Gregory B Robinson

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
174 Vango Drive

(Street Address)

Goose Creek

(City)

South Carolina 29445

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Gregory B Robinson

(Name)

174 Vango Drive

(Street Address)

Goose Creek, South Carolina 29445

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Sep 14 2020

REFERENCE ID: 614063

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

First Class Motor Coach, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Sep 14 2020

REFERENCE ID: 614063


SECRETARY OF STATE OF SOUTH CAROLINA

First Class Motor Coach, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Gregory B Robinson

Signature of Organizer

Date: 09/14/2020

Signature of Organizer

Date: _____

First Class Motor Coach, LLC

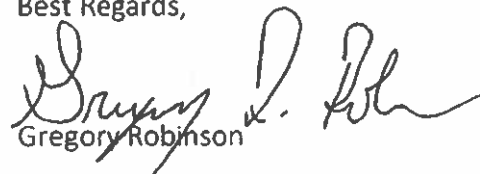
03/10/2022

174 Vango Dr
Goose Creek, SC 29445

Dear ORS and PSC:

First Class Motor Coach submitted applications on August 26, 2021, to both the PSC and the ORS, requesting compliance certification. We were assigned docket 2021-567 and given until November 26, 2021 to complete the process. We put our bus in the shop in September and did not get it back until January of 2022. It was still not fully repaired and had to go back in the shop. The bus is expected to be ready by the end of this month, March 2022. This allows First Class Motor Coach the ability to proceed with the approval process with the PSC and the ORS. Unfortunately, we did not request an extension of time to complete the process under the first docket. Due to this fact, the certification was rescinded, and the docket closed. First Class is now submitting a new application, to both the PSC and the ORS, requesting that a new docket be granted. Allowing us to proceed with the process to get our bus certified and legal for business. Thank you for your time and attention to this matter.

Best Regards,


Gregory Robinson

174 VANGO DR, GOOSE CREEK, SC 29445
T (843)972-9024 E FCMOTORCOACH@GMAIL.COM



BHHC SPECIALTY RISK

1314 Douglas Street

Omaha, NE 68102

(800) 488-2930 Ext 3738

BSR@bhhc.com

NON-ADMITTED EXCESS AUTO INDICATION

March 24, 2022

To: Thomas Wood Insurance Agency, LLC

From: Sam Arnold

Phone: (531) 484-1550

Email: sarnold@bhhc.com

Insured: FIRST CLASS MOTOR COACH LLC

We are pleased to present you with an indication for the above captioned insured with National Fire & Marine Insurance Company, a non-admitted Berkshire Hathaway carrier with a Best's rating of A++XV.

This indication is based on the information contained in your application and the underwriting information you have submitted. Please take a few minutes to review the indication as some coverages may differ from what you requested and certain terms and conditions which restrict coverage may also apply.

Premium: \$8,055.00

SURPLUS LINES TAXES: \$483.30** STAMPING FEES: ** FM TAX/POLICY FEE: **

** Not Included in Premium

Commission: 12.5%

Limits:

\$4,000,000 Excess of

\$1,000,000 Primary

Remember, you have no binding authority, we must confirm coverage to you in writing.



BHHC SPECIALTY RISK
 1314 Douglas Street
 Omaha, NE 68102
 (800) 488-2930 Ext 3738
BSR@bhhc.com

NON-ADMITTED EXCESS AUTO BILLING PROCEDURES

ALL POLICIES ARE AGENCY BILLED. All billing transactions are strictly between the agency and BHHC Specialty Risk. BHHC Specialty Risk should not receive any payments directly from the insured. Keep in mind, the agency is fully responsible for all premium whether collected or not. **Please include the policy number and named insured on the payment.**

For all new business, renewals, and cancellations, your agency will receive a separate accounting invoice that should be paid **in full** to BHHC Specialty Risk immediately upon receipt.

For all endorsement activity your agency will receive an endorsement showing the amount of premium and taxes due on an individual basis. This should also be paid in full immediately.

In the event that payment is not immediately received for all transactions, the agency will receive a monthly statement of the prior month's activity from BHHC Specialty Risk that must be paid in full (net amount) by the 15th of the month received in order to avoid jeopardizing your agency access to BHHC Specialty Risk.

As stated above, the agency is fully responsible for all premium payment whether collected or not. In the event the agency cannot collect payment you will need to direct BHHC Specialty Risk to cancel for nonpayment of premium. If BHHC Specialty Risk does not receive payment for a specific policy by the 30th of the month in which you received the monthly statement we will send direct notice of cancellation for nonpayment of premium.

All Finance Company payments are strictly between the insured and Finance Company as BHHC Specialty Risk is not part of the finance contract. If the Finance Company wishes to send full payment directly to BHHC Specialty Risk, please note the mailing address below.

ACH Information: Please be sure to add the Named Insured and Policy Numbers in the addendum portion. Also, it would be appreciated if you could send an email to ceyre@bhhc.com with the remittance of the incoming ACH.

Please make payment payable to BHHC Specialty Risk

Payment Address:
BHHC Specialty Risk
1314 Douglas Street, Suite 1400
Omaha, NE 68102

BHHC ACH Information:

Wells Fargo Bank N.A
420 Montgomery Street
San Francisco, CA 94163
ABA#: 121000248
Swift Code: WFBIUS6S
For the Account of: BHHC Specialty Risk, LLC
Account Number: 4179512256

All return premium, including Financed Premium, will be returned **only** to the agent.



BHHC SPECIALTY RISK
 1314 Douglas Street
 Omaha, NE 68102
 (800) 488-2930 Ext 3738
BSR@bhhc.com

NON-ADMITTED EXCESS AUTO BINDING PROCEDURES

E-mail the underwriter listed on the quote page the:

1) **Attached Surplus Lines Forms IF APPLICABLE**

Coverage will be bound based on the **time and date** of your e-mail.

The attached SL Forms are required to bind all quotes including renewals.

All bound business should be paid per invoice. All outstanding premium owed and endorsement activity will be processed per monthly statement billing procedures. At month end we will generate a monthly statement for the retailer containing all activity for the current month. The billing must be paid **in full** on a net basis (minus commission) within 15 days of the following month. If BHHC Specialty Risk does not receive payment for a specific policy by the 30th of the month in which you received the monthly statement we will send you direct notice of cancellation for nonpayment of premium.

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 1314 Douglas Street, Suite 1400
 Omaha, NE 68102**

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BHHC SPECIALTY RISK
1314 Douglas Street
Omaha, NE 68102
(800) 488-2930 Ext 3738
BSR@bhhc.com

AUTO INDICATION

March 24, 2022

To: Thomas Wood Insurance Agency, LLC

From: Sam Arnold

Phone: (531) 484-1550

Email: sarnold@bhhc.com

Insured: FIRST CLASS MOTOR COACH LLC

We are pleased to present you with an indication for the above captioned insured with Berkshire Hathaway Homestate Insurance Co., a Berkshire Hathaway carrier with a Best's rating of A++XV.

This indication is based on the information contained in your application and the underwriting information you have submitted. Please take a few minutes to review the indication as some coverages may differ from what you requested and certain terms and conditions which restrict coverage may also apply.

Premium: \$15,590.00

Commission: 12.5%

Remember, you have no binding authority, we must confirm coverage to you in writing.



BHHC SPECIALTY RISK

**1314 Douglas Street
Omaha, NE 68102
(800) 488-2930 Ext 3738
BSR@bhhc.com**

AUTO BILLING PROCEDURES

ALL POLICIES ARE AGENCY BILLED. All billing transactions are strictly between the agency and BHHC Specialty Risk. BHHC Specialty Risk should not receive any payments directly from the insured. Keep in mind, the agency is fully responsible for all premium whether collected or not. **Please include the policy number and named insured on the payment.**

For all new business, renewals, and cancellations, your agency will receive a separate accounting invoice that should be paid **in full** to BHHC Specialty Risk immediately upon receipt.

For all endorsement activity your agency will receive an endorsement showing the amount of premium and taxes due on an individual basis. This should also be paid in full immediately.

In the event that payment is not immediately received for all transactions, the agency will receive a monthly statement of the prior month's activity from BHHC Specialty Risk that must be paid in full (net amount) by the 15th of the month received in order to avoid jeopardizing your agency access to BHHC Specialty Risk.

As stated above, the agency is fully responsible for all premium payment whether collected or not. In the event the agency cannot collect payment you will need to direct BHHC Specialty Risk to cancel for nonpayment of premium. If BHHC Specialty Risk does not receive payment for a specific policy by the 30th of the month in which you received the monthly statement we will send direct notice of cancellation for nonpayment of premium.

All Finance Company payments are strictly between the insured and Finance Company as BHHC Specialty Risk is not part of the finance contract. If the Finance Company wishes to send full payment directly to BHHC Specialty Risk, please note the mailing address below.

ACH Information: Please be sure to add the Named Insured and Policy Numbers in the addendum portion. Also, it would be appreciated if you could send an email to ceyre@bhhc.com with the remittance of the incoming ACH.

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1314 Douglas Street

Omaha, NE 68102

(800) 488-2930 Ext 3738

BSR@bhhc.com

AUTO BINDING PROCEDURES

Coverage will be bound based on the **time and date** of your e-mail.

All bound business should be paid per invoice. All outstanding premium owed and endorsement activity will be processed per monthly statement billing procedures. At month end we will generate a monthly statement for the retailer containing all activity for the current month. The billing must be paid **in full** on a net basis (minus commission) within 15 days of the following month.

If BHHC Specialty Risk does not receive payment for a specific policy by the 30th of the month in which you received the monthly statement we will send you direct notice of cancellation for nonpayment of premium.

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San Francisco, CA 94163

ABA#: 121000248

Swift Code: WFBIUS6S

For the Account of: BHHC Specialty Risk, LLC

Account Number: 4179512256

All return premium, including Financed Premium, will be returned **only** to the agent.

M-5677(10/2016)

DILIGENT SEARCH REPORT

1. Name of individual or agency: _____ License # and State: _____

2. Name & address of Insured: _____

3. Description of risk: _____

4. Risk state(s): _____

5. Type of Insurance Coverage: _____

6. Diligent search:

Name of Admitted Company	Reason for Declination	Date of Declination MM/DD/YR
a.		
b.		
c.		
d.		
e.		

Note that each state has different rules and requirements for proper diligent searches and the number of companies required to be searched. **Most states require at least 3 companies.** The Diligent Search is not required in the state of VA or WI. If you have questions, please call (800) 669-5171.

☐ The individual or agency listed above was engaged by the insured named above or by the insured's broker to obtain insurance as described in this report and is the licensee who performed or supervised the diligent search.

☐ Diligent search requirements do not apply because (Please Select one):

- ☐ 1. The insured is an Exempt Large Risk
- ☐ 2. The risk is included on the state Export List
- ☐ 3. Other: _____

The undersigned licensee hereby certifies that this report is true and correct.

Individual/Agency Signature_____
Individual Printed Name_____
Email Address_____
Date

Excess Auto Supplement

COLUMBIA INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Policy Term From: _____ To: _____

This application supplement is for an excess auto policy providing additional limits of liability coverage for bodily injury, property damage, or covered pollution cost or expense and will not provide any other types of coverage.

The excess auto policy will not provide uninsured motorists coverage, underinsured motorists coverage, no-fault coverage, medical payments coverage, first party personal injury protection coverage, garagekeepers legal liability coverage, physical damage coverage, auto in-tow coverage, first party property damage protection coverage or any other coverage similar to the foregoing, regardless of whether such coverage is provided by the "Primary Insurance".

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

COVERAGE INFORMATION

Total Policy Liability Limits Requested (primary and excess combined)

Will the primary policy be written with one of the above listed companies? ☐ Yes ☐ No

Do you require coverage on the excess policy that differs from the primary policy? ☐ Yes ☐ No

If yes, explain _____

Will all autos owned or operated be covered by the primary policy? ☐ Yes ☐ No

If no, explain _____

Do you require all covered autos on the primary policy also to be covered autos on the excess policy?

☐ Yes ☐ No If no, explain _____

Primary Garaging Location(s) _____

FILING INFORMATION

Is an FHWA filing required? ☐ Yes ☐ No If yes, MC number _____

☐ Common ☐ Contract ☐ Broker Do you require FHWA cargo filing? ☐ Yes ☐ No

If you hold a broker's license, identify name filed with FHWA, FHWA docket # and receipts from brokerage operations

If you are an interstate regulated carrier, identify your registration or base state _____

Is an intrastate filing needed? ☐ Yes ☐ No If yes, show state and permit number _____

Show exact name and address in which permits are issued _____

Is an MCS 90 endorsement needed? ☐ Yes ☐ No

Are the primary and excess policies to cover all vehicles owned, operated or under lease to applicant?

☐ Yes ☐ No If no, explain _____

Are oversize/overweight commodities hauled? ☐ Yes ☐ No If filing required, show states _____

Does your authority allow for transportation of hazardous commodities? ☐ Yes ☐ No

Do you allow others to haul hazardous commodities under your authority? ☐ Yes ☐ No

Have you ever changed your operating name? ☐ Yes ☐ No

Do you operate under any other name? ☐ Yes ☐ No

Do you enter Canada? ☐ Yes ☐ No

Do you enter Mexico? ☐ Yes ☐ No

Do you operate as a subsidiary of another company? ☐ Yes ☐ No

Do you own or manage any other transportation operations that are not covered? ☐ Yes ☐ No

Do you lease your authority? ☐ Yes ☐ No

Do you appoint agents or hire independent contractors to operate on your behalf? ☐ Yes ☐ No

Have you purchased, sold or applied for authority over the past 3 years? ☐ Yes ☐ No

Have you ever lost or had authority withdrawn or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? ☐ Yes ☐ No

Is evidence/certificate(s) of coverage required? ☐ Yes ☐ No

Please explain any "yes" answer to these questions _____

I acknowledge that I have read this application supplement and understand that:

THIS APPLICATION SUPPLEMENT IS FOR AN EXCESS AUTO POLICY PROVIDING ADDITIONAL LIMITS OF LIABILITY COVERAGE FOR BODILY INJURY, PROPERTY DAMAGE, OR COVERED POLLUTION COST OR EXPENSE AND WILL NOT PROVIDE ANY OTHER TYPES OF COVERAGE.

MY PRIMARY AUTO LIABILITY INSURANCE POLICY PROVIDES AT LEAST THE AMOUNT OF UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE WHICH LEGALLY IS REQUIRED.

THIS EXCESS AUTO POLICY DOES NOT PROVIDE ANY UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE.

Completed by the Insured _____ Date _____
Insured's Signature

Account Summary For FIRST CLASS MOTOR COACH LLC

BHHC
Quick

Quote #: 12704732

Status: Submitted

Policy Type: AP

Originally Quoted: 3/16/2022 5:36 PM EST
 Quote Printed: 3/24/2022 5:21 PM EDT
 Proposed Effective: 4/01/2022 12:00 AM EST
 Proposed Expiration: 4/01/2023 12:00 AM EST

Commission: 0.00

Quoted By: John Witt
 Berkshire Hathaway Homestate
 1314 Douglas St
 Omaha, NE 68102

jwitt@bhhomestate.com
 Producer: BHHC Specialty Risk, LLC
 1314 Douglas St, Suite 1400
 Omaha, NE 68102
 Phone - (800) 669-5171

DOT #: 3512468

MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	12,744
7	UM - BIPD	75,000 CSL	221
7	UIM - BIPD	75,000 CSL	328
7	Medical Payments	N/A	N/A
7	Physical Damage	See Specific Unit	2,297
	Total Ins Value	100,000	
Total			\$15,590.00

Revision: 2SC2021R01

Vehicle Information

BHHC-Rate Version: 8.7.5236.135

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 2009 MOTOR COACH MND IN TRANSIT BUS (65355) Comp/Coll: \$100,000 Radius: Up to 500 Miles	12,744	221	328	N/A	2,297	N/A	N/A	15,590
Deductible: 5,000/5,000								



Berkshire Hathaway
 HOMESTATE COMPANIES

FIRST CLASS MOTOR COACH LLC
Quote #: 12704732

Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

Terms:

- 100% charter operations
- 12.5% commission
- 2+ years CDL experience required
- All drivers must be listed and pre-approved
- All New Drivers must meet driver guidelines.
- Compliance with UM/UIM Limit Requirements.
- Covering all owned/operated vehicles.
- DOT inspections will be monitored throughout our policy period to verify ALL inspected power units are scheduled on the policy.
- Federal filings
- Inspections involving unreported power units may jeopardize continued coverage.
- No short-term leases or trip-leases of 30 days or less. Inform if different
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures.
- Our policy must schedule all owned power units, and any other power units operating under the insured's authority.
- Prompt reporting of all new drivers.
- Subject to no prior losses or prior commercial auto insurance
- Subject to the maximum seating capacity being 56 passengers
- The policy must schedule all owned power units and any power units operating under the insured's authority or DOT.

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage. Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

Conditions:

- Completed and Signed Selection/Rejection forms as required by state law.
- Indicate filings here, if any; inform if different prior to binding - premium subject to change.
- Radius: 100% of operations within 500 miles; inform if different
- Subject to prior losses as presented.

This quote is being offered subject to the following terms and conditions . The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

Quote is valid through: 04/15/2022

Disclosure Statement: The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

This is NOT a binder of insurance. Company must be notified prior to Binding Coverage.

Schedule of Forms & Endorsements

CA 0001 (10/2013) Business Auto Coverage Form
CA 0150 (05/2017) South Carolina Changes
CA 2119 (12/2013) South Carolina Uninsured Motorists Coverage
CA 2188 (12/2013) South Carolina Underinsured Motorists Coverage
CA 2402 (10/2013) Public Transportation Autos
IL 0017 (11/1998) Common Policy Conditions
IL 0021 (09/2008) Nuclear Energy Liability Exclusion Endorsement (Broad Form)
M 3912b (08/2001) Stated Amount Insurance
M 4566a (11/1999) Motor Vehicle Liability Insurance Identification Card
M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception
M 4803 (02/1998) Abuse or Molestation Exclusion
M 4959a (03/2002) Schedule of Covered Autos
M 5332a (12/2009) South Carolina Changes - Cancellation and Nonrenewal
M 5398 (03/2009) South Carolina Important Notice - Uninsured Motorist
M 5479 (04/2010) Towing and Storing Costs
M 5603 (03/2017) Policy Jacket
M 5605 (02/2011) Business Auto Coverage Declarations
M 5623 (04/2011) Application of Policy - Financial Responsibility
M 5749 (01/2013) Underinsured Motorists Coverage Amendatory Endorsement
M 5872 (04/2016) Changes to Common Policy Conditions - Cancellation
M 5982 (06/2021) Communicable Disease Exclusion



Berkshire Hathaway
HOMESTATE COMPANIES

M-5861 01/2021

1314 Douglas Street, Suite #1300, Omaha, NE 68102-1944 | Phone: 800.488.2930 | BHHC.com

03/24/2022
FIRST CLASS MOTOR COACH LLC
174 VANGO DR
GOOSE CREEK, SC 29445-3669

Billing services:

1-877-680-2442

Monday - Friday

7:00 AM - 7:00 PM Central Time

Claim reporting:

1-800-356-5750

24 hours a day

7 days a week

RE: Insurance Quote: 12704732
Proposed Term: 4/1/2022 - 4/1/2023
Writing Company: Berkshire Hathaway Homestate Insurance Company

To FIRST CLASS MOTOR COACH LLC:

Berkshire Hathaway Homestate Companies may use consumer information obtained from consumer reporting agencies to help determine the terms, conditions, or premium of our insurance policies. Specifically, we used the insurance score derived from consumer data in the LexisNexis Attract for Business Owners Underwriting Model 3.1 to underwrite this Insurance Quote. Based on the information from LexisNexis, we have not offered the most favorable terms, conditions, or premium available.¹

LexisNexis did not make this decision and is unable to provide the specific reason(s) for this action.

This insurance score was provided by LexisNexis based on consumer data for the following individual(s):

Name: Gregory Robinson
Address: 174 VANGO DR
GOOSE CREEK, SC 29445-3669

This individual may obtain a free copy of the consumer report from LexisNexis by contacting LexisNexis within 60 days of this notice:

LexisNexis Consumer Center
P.O. Box 105108
Atlanta, Georgia 30348-5108
1-800-456-6004
www.consumerdisclosure.com

This individual may also dispute the accuracy or completeness of information contained in the consumer report. If the individual disputes information contained in the consumer report, and that dispute results in the correction or deletion of information in the consumer report, you may request that we reevaluate the underwriting of this Insurance Quote to determine if you qualify for more favorable terms, conditions, or premium.

Regards,

Berkshire Hathaway Homestate Insurance Company

¹ Please be advised that whether this action is deemed an "adverse action" under the Fair Credit Reporting Act (15 U.S.C. § 1681) depends on the relevant law of the applicable jurisdiction.

Berkshire Hathaway Homestate Insurance Company

Driver Information for FIRST CLASS MOTOR COACH LLC

BHHC-Rate for South Carolina

Berkshire Hathaway Homestate Insurance Company

Quote #: 12704732

Revision: 2SC2021R01

<u>Driver</u>	<u>Date of Birth</u>	<u>License Class</u>
1 Gregory Robinson	10/9/1980	Unknown
2 Shauntai Robinson	8/26/1983	Unknown

OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

I. **EXPLANATION OF COVERAGES**

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect *you* in the event *you* are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage.

However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company as *evidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, *you* must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services
State of South Carolina Department of Insurance
Capitol Center
1201 Main Street, Suite 1000
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-mail Address: consumers@doi.sc.gov

FIRST CLASS MOTOR COACH LLC

M-5638 (01/2019)

Quote #: 12704732

Berkshire Hathaway Homestate Insurance Company

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

\$25,000 / \$50,000 / \$25,000 minimum limits of Uninsured Motorist Coverage are automatically provided by your Policy.

<u>Additional Limits of Coverage</u>	<u>Premium Cost</u>
\$30,000/\$60,000/\$25,000	\$ 179
\$50,000/\$100,000/\$25,000	\$ 219
\$50,000/\$100,000/\$50,000	\$ 224
Your Policy's Liability Coverage Limits:	
\$1,000,000	\$ 726

☐ I reject additional Uninsured Motorist Coverage

☒ I select additional Uninsured Motorist Coverage at the following limits: \$75,000 CSL

III. OFFER OF OPTIONAL UNDERINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000/\$50,000/\$25,000	\$ 248
\$30,000/\$60,000/\$25,000	\$ 266
\$50,000/\$100,000/\$25,000	\$ 325
\$50,000/\$100,000/\$50,000	\$ 332
Your Policy's Liability Coverage Limits:	
\$1,000,000	\$ 1,077

☐ I reject optional Underinsured Motorist Coverage

☒ I select optional Underinsured Motorist Coverage at the following limits: \$75,000 CSL

IV. APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read -- or I have had read to me -- the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: _____

Your Signature: _____

Your Address: _____

Today's Date: _____